



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**WALTER JONES COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	104480.02	201046.17
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	104480.02	201046.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	42130.92	167358.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	244.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42130.92	167113.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	179443.91	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**WALTER JONES COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	65135.00	119185.00
(ii) Unitemized .....	9845.02	27361.17
(iii) TOTAL of contributions from individuals .....	74980.02	146546.17
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29500.00	54500.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	104480.02	201046.17
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	244.83
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	104480.02	201291.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42130.92	167358.39
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	1200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	42130.92	168558.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	117094.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	104480.02
25. SUBTOTAL (add Line 23 and Line 24).....	221574.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42130.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	179443.91

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N  
Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John K. Agnostak**

Mailing Address 174 Parson Road

City Grantsboro State NC Zip Code 28529-9668

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.36603**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. W. David Albritton**

Mailing Address Post Office Box 460

City Hookerton State NC Zip Code 28538

FEC ID number of contributing federal political committee. **C**

Name of Employer TAG, Inc. Occupation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : SA11AI.36605**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Cyan Banister**

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019

FEC ID number of contributing federal political committee. **C**

Name of Employer Angellist Occupation Evangelist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2015**

**Transaction ID : SA11AI.36618**

Amount of Each Receipt this Period  
**2700.00**  
 Earmarked Through Democracy Engine Inc. PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
16098.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36618.0**

Amount of Each Receipt this Period  
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Cyan Banister**

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Angellist Evangelist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36620**

Amount of Each Receipt this Period  
2700.00

Earmarked Through Democracy Engine Inc. PAC.

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
18798.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36620.0**

Amount of Each Receipt this Period  
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Scott Banister**

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019

FEC ID number of contributing federal political committee. **C**

Name of Employer Postmates Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36615**

Amount of Each Receipt this Period  
2700.00

Earmarked Through Democracy Engine Inc. PAC.

**B.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21498.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36615.0**

Amount of Each Receipt this Period  
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Scott Banister**

Mailing Address PO Box 997

City Half Moon Bay State CA Zip Code 94019

FEC ID number of contributing federal political committee. **C**

Name of Employer Postmates Occupation Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36617**

Amount of Each Receipt this Period  
2700.00

Earmarked Through Democracy Engine Inc. PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
24198.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.36617.0**

Amount of Each Receipt this Period  
2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Marie Barnhill**

Mailing Address 302 East Woodlawn Drive

City State Zip Code  
Williamston NC 27892

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : SA11AI.36622**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Brenda Best**

Mailing Address PO Box 251

City State Zip Code  
Davis NC 28524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Ferry Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2015

**Transaction ID : SA11AI.36625**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce A. Biggs**

Mailing Address 1932 River Shore Road

City Elizabeth City      State NC      Zip Code 27909

FEC ID number of contributing federal political committee. **C**

Name of Employer Biggs Pontiac, Inc.      Occupation Auto Dealer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.36628**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. William S. Blakemore**

Mailing Address 101 Mark Drive

City Edenton      State NC      Zip Code 27932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed      Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11AI.36629**

Amount of Each Receipt this Period  
 1100.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas R. Blank**

Mailing Address 1600 Oak Street  
 Apartment 820

City Arlington      State VA      Zip Code 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Gephardt Government Affairs      Occupation Executive Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.36632**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy G. Blount**

Mailing Address 63 Johnson Street

City State Zip Code  
White Lake NC 28337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blount Investments Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

**Transaction ID : SA11AI.36633**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joey Bowen**

Mailing Address PO Box 69

City State Zip Code  
Winterville NC 28590

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Privateer Tobacco Tobacconist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.36634**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ronald Douglas Bowen**

Mailing Address 3468 Willow Green Road

City State Zip Code  
Ayden NC 28513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Good Stuff Fishing LLC Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.36635**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary B. Bright**

Mailing Address 138 Catnip Point Road

City Bath State NC Zip Code 27808

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 26 / 2015

**Transaction ID : SA11AI.36638**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James W.C. Broughton**

Mailing Address 2560 Warwick Road

City Winston-Salem State NC Zip Code 27104

FEC ID number of contributing federal political committee. **C**

Name of Employer Office of Gov. Pat McCrory Occupation Deputy Chief of Staff

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.36640**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Polly Brown**

Mailing Address 707 Hwy. 24

City Newport State NC Zip Code 28570

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : SA11AI.36642**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ronnie J. Brown**

Mailing Address 1703 E. Church Street

City State Zip Code  
Cherryville NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Truck Driver

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : SA11AI.36641**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William B. Buchanan Jr.**

Mailing Address 803 S. Baden Court

City State Zip Code  
Goldsboro NC 27530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State of NC Director, Motor Fleet

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.36643**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Graham J. Burkheimer Jr.**

Mailing Address 102 Christenbury Drive

City State Zip Code  
Greenville NC 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2015

**Transaction ID : SA11AI.36644**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John J. Callahan**

Mailing Address 637 Baylor Road

City State Zip Code  
Glen Burnie MD 21061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2015

**Transaction ID : SA11AI.36651**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Kathryn Smith Chadwick**

Mailing Address PO Box 1104  
500 Stacy Loop Road

City State Zip Code  
Stacy NC 28581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chadwick Tire Company, Inc. Secretary

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.36661**

Amount of Each Receipt this Period  
500.00

Earmarked Through Democracy Engine Inc. PAC.

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
24698.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.36661.0**

Amount of Each Receipt this Period  
500.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. J. Edwin Clement**

Mailing Address 102 Martinsborough Road

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11AI.36663**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Alfred B. Cooper Jr.**

Mailing Address PO Box 250

City Atlantic Beach State NC Zip Code 28512

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : SA11AI.36666**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Sam Pina Cortez**

Mailing Address 7004 Currituck Road

City Kitty Hawk State NC Zip Code 27949

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.36669**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Crocker**

Mailing Address PO Box 690  
700 North Main Street

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Best Value Drugs Occupation Pharmacist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 10 / 2015

**Transaction ID : SA11AI.36674**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Leslie S. Daniels**

Mailing Address 184 Old River Road

City Beaufort State NC Zip Code 28516

FEC ID number of contributing federal political committee. **C**

Name of Employer William Smith Seafood Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 23 / 2015

**Transaction ID : SA11AI.36683**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Carl A. Davis**

Mailing Address 8822 Stable Crest Boulevard

City Houston State TX Zip Code 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Davis-Lynch, Inc. Occupation Corporate Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

**Transaction ID : SA11AI.36686**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Lois Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2015	
Mailing Address PO Box 262326		<b>Transaction ID : SA11AI.36685</b>	
City Houston	State TX	Zip Code 77207	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Mahlon W. Deloatch Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2015	
Mailing Address 1000 Main Street		<b>Transaction ID : SA11AI.36693</b>	
City Tarboro	State NC	Zip Code 27996	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Deloatch & Hinton, PLLC	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Mahlon W. Deloatch Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1000 Main Street		<b>Transaction ID : SA11AI.36694</b>	
City Tarboro	State NC	Zip Code 27996	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Deloatch & Hinton, PLLC	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Latham W. Dennis**

Mailing Address 5434 Marvin Taylor Road

City Ayden State NC Zip Code 28513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Restaurant Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2015**

**Transaction ID : SA11AI.36697**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Latham W. Dennis**

Mailing Address 5434 Marvin Taylor Road

City Ayden State NC Zip Code 28513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Restaurant Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.36698**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Douthit**

Mailing Address 5644 Soft Wind Drive

City Fuquay Varina State NC Zip Code 27526

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Property Management

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : SA11AI.36700**

Amount of Each Receipt this Period  
**250.00**  
 Earmarked Through Democracy Engine Inc. PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12648.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36700.0**

Amount of Each Receipt this Period  
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Eakes**

Mailing Address PO Box 1354

City Buxton State NC Zip Code 27920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Red Drum Tackle Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2015

**Transaction ID : SA11AI.36701**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rufus L. Edmisten**

Mailing Address 132 South Salisbury Street

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Edmisten, Webb & Moore Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36702**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David A. Evans Jr.**

Mailing Address **PO Box 3353**

City **Greenville** State **NC** Zip Code **27836**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Garris-Evans Lumber** Occupation **Lumber Dealer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 15 / 2015**

**Transaction ID : SA11AI.36705**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Nancy S. Everett**

Mailing Address **5057 Eastern Pines Road**

City **Greenville** State **NC** Zip Code **27858**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : SA11AI.36707**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Jack A. Farrior**

Mailing Address **PO Box 839**

City **Farmville** State **NC** Zip Code **27828**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Contractor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 15 / 2015**

**Transaction ID : SA11AI.36712**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James R. Fulghum**

Mailing Address 1049 Hwy 91

City Snow Hill State NC Zip Code 28580

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36718**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Art J. Furtney**

Mailing Address 130 Tweed Drive

City Jacksonville State NC Zip Code 28540

FEC ID number of contributing federal political committee. **C**

Name of Employer Century 21 Champion Real Est Occupation Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36720**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Randy G. Fussell**

Mailing Address 3800 Cantata Drive

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee, Fussell, Humphreys PA Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : SA11AI.36721**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. William G. Garner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2015	
Mailing Address 4104 Hardwick Court		<b>Transaction ID : SA11AI.36724</b>	
City Greenville	State NC	Zip Code 27834	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Self Employed	Occupation Business Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Linda Jefferson Glenn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 24 / 2015	
Mailing Address PO Box 39		<b>Transaction ID : SA11AI.36727</b>	
City Greenville	State NC	Zip Code 27834	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Jefferson's, Inc.	Occupation Business Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Thomas J. Glennon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 16 / 2015	
Mailing Address PO Box 30803		<b>Transaction ID : SA11AI.36730</b>	
City Greenville	State NC	Zip Code 27833	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer Glennon/Brittan	Occupation Business Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Harold L. Godwin**

Mailing Address 1813 Lakeshore Drive

City Fayetteville State NC Zip Code 28305

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2015

**Transaction ID : SA11AI.36731**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Nina P. Godwin**

Mailing Address 1813 Lakeshore Drive

City Fayetteville State NC Zip Code 28305

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2015

**Transaction ID : SA11AI.36732**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Hunter Hadley Jr.**

Mailing Address 101 Wantland Street

City Jacksonville State NC Zip Code 28540

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

**Transaction ID : SA11AI.36734**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory Hatem**

Mailing Address 133 Fayetteville Street

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C**

Name of Employer Empire Properties Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36737**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary Ellen Holland**

Mailing Address 523 Longmeadow Road

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36744**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark D. Holzkamm**

Mailing Address 909 Jay Ryan Road

City Goldsboro State NC Zip Code 27534

FEC ID number of contributing federal political committee. **C**

Name of Employer VJM, Inc. Occupation Secretary/Treasurer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36747**

Amount of Each Receipt this Period  
 250.00

Earmarked Through Democracy Engine Inc. PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12898.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36747.0**

Amount of Each Receipt this Period  
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A. Jeffreys**

Mailing Address 3102 Cashwell Drive  
Unit 52

City State Zip Code  
Goldsboro NC 27534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R. A. Jeffreys Distributing Co President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11AI.36754**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Julia Jenkins**

Mailing Address 3885 River Road

City State Zip Code  
Vanceboro NC 28586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36756**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Ms Rosemary Jenks**

Mailing Address 3205 13th Road South

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Numbers USA Government Relations Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SA11AI.36757**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms Alexandra M. Johnson**

Mailing Address 1320 Landfall Drive

City State Zip Code  
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Student Student

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 05 / 2015

**Transaction ID : SA11AI.36759**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mark W. Johnson**

Mailing Address 604 McCarthy Blvd.

City State Zip Code  
New Bern NC 28562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Oral Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SA11AI.36760**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mark W. Johnson**

Mailing Address 604 McCarthy Blvd.

City State Zip Code  
New Bern NC 28562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Oral Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

**Transaction ID : SA11AI.36761**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Carol Ann Johnston**

Mailing Address 2234 Perry Drive

City State Zip Code  
Jacksonville NC 28546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Johnston Pain Management Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36762**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick P. Joyce**

Mailing Address 715 Comet Drive

City State Zip Code  
Beaufort NC 28516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Joyce and Associates General Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : SA11AI.36765**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Patrick P. Joyce</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 29 / 2015	
Mailing Address 715 Comet Drive		<b>Transaction ID : SA11AI.36766</b>	
City Beaufort	State NC	Zip Code 28516	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Joyce and Associates	Occupation General Contractor		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Albert V. Lewis Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2015	
Mailing Address 3569 Hillcrest Drive		<b>Transaction ID : SA11AI.36777</b>	
City Farmville	State NC	Zip Code 27828	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer McDavid Associates	Occupation Civil Engineer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jasper L. Lewis Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2015	
Mailing Address 700 Queen Anne's Road		<b>Transaction ID : SA11AI.36778</b>	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Lenora H. Lilley**

Mailing Address 115 Antler Road

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.36780**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Christine Lloyd**

Mailing Address 494 VOA Site C Road

City Greenville State NC Zip Code 27834

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2015**

**Transaction ID : SA11AI.36783**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David N. Long**

Mailing Address 10500 World Trade Road

City Raleigh State NC Zip Code 27617

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : SA11AI.36785**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Spiro J. Macris**

Mailing Address 914 South Lumina Avenue

City State Zip Code  
Wrightsville Beach NC 28480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.36789**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mapetsi Policy Group LLC**

Mailing Address 4600 Connecticut Avenue #107

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.37128**

Amount of Each Receipt this Period  
500.00

Partnership - See Attribution Below:

**C.** Full Name (Last, First, Middle Initial)  
**Ms Deborah Ho**

Mailing Address 4600 Connecticut Avenue NW #107

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mapetsi Policy Group LLC Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.37128.0**

Amount of Each Receipt this Period  
250.00

Partnership Attribution  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**John Harte**

Mailing Address 4600 Connecticut Avenue NW  
# 107

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Mapetsi Policy Group Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.37128.1**

Amount of Each Receipt this Period  
250.00

Partnership Attribution

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert W. May**

Mailing Address 4668 NC Hwy 121

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.36796**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. R. William McConnell**

Mailing Address 3022 Dartmouth Drive

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

**Transaction ID : SA11AI.36799**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dr. R. William McConnell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 3022 Dartmouth Drive		<b>Transaction ID : SA11AI.36800</b>	
City Greenville	State NC	Zip Code 27858	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Raymond B. Minard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 2468 Doc Loftin Road		<b>Transaction ID : SA11AI.36809</b>	
City Ayden	State NC	Zip Code 28513	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Carolina Anesthesia Assoc	Occupation Physician		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Courtney Mitchell Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 1307 Perry Park Drive		<b>Transaction ID : SA11AI.36811</b>	
City Kinston	State NC	Zip Code 28501	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 600.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William C. Monk**

Mailing Address 4328 West Church Street

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.36812**

Amount of Each Receipt this Period  
 1700.00

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William C. Monk**

Mailing Address 4328 West Church Street

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.36813**

Amount of Each Receipt this Period  
 1000.00

3700.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Donald E. Morel Jr.**

Mailing Address 1703 Lookaway Court

City New Hope State PA Zip Code 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer West Pharmaceutical Services Occupation Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : SA11AI.36814**

Amount of Each Receipt this Period  
 500.00

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. W. K. 'Ken' Morgan**

Mailing Address 122 Drayton Hall

City Jacksonville State NC Zip Code 28540

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2015

**Transaction ID : SA11AI.36815**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Howard D. Moye Jr.**

Mailing Address PO Box 8305

City Greenville State NC Zip Code 27835

FEC ID number of contributing federal political committee. **C**

Name of Employer Appraisal, Inc. Occupation Real Estate Appraiser

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.36820**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Mozingo**

Mailing Address 6506 Stantonsburg Road

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.36821**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Muir Analytics LLC**

Mailing Address 1811 Key Boulevard  
Apartment 527

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11AI.37131**

Amount of Each Receipt this Period  
250.00

Partnership - See Attribution Below:

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jeffrey M. Moore**

Mailing Address 1811 Key Boulevard  
Apartment 527

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Muir Analytics CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11AI.37131.0**

Amount of Each Receipt this Period  
250.00

Partnership Attribution  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory F. Murphy**

Mailing Address 502 Queen Annes Road

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Eastern Urological Associates Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11AI.36822**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory F. Murphy**

Mailing Address 502 Queen Annes Road

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Urological Associates Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : SA11AI.36823**

Amount of Each Receipt this Period  
**500.00**

Earmarked Through Democracy Engine Inc. PAC.

**B.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C C00468314**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **12123.12**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015

**Transaction ID : SA11AI.36823.0**

Amount of Each Receipt this Period  
**500.00**

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Natalie Newton**

Mailing Address 655 Van Moreadith Road

City New Bern State NC Zip Code 28562

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36826**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ernest F. Panacek**

Mailing Address **PO Box 787**

City **Barneget Light** State **NJ** Zip Code **08006**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Viking Village, Inc.** Occupation **General Manager**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
**08 / 03 / 2015**

**Transaction ID : SA11AI.36830**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Parsons Jr.**

Mailing Address **2427 Fairway Drive**

City **Winston-Salem** State **NC** Zip Code **27103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Womble Carlyle Sandridge Rice** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
**07 / 13 / 2015**

**Transaction ID : SA11AI.36832**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Parsons Jr.**

Mailing Address **2427 Fairway Drive**

City **Winston-Salem** State **NC** Zip Code **27103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Womble Carlyle Sandridge Rice** Occupation **Attorney**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
**07 / 24 / 2015**

**Transaction ID : SA11AI.36833**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**900.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Parsons Jr.**

Mailing Address 2427 Fairway Drive

City State Zip Code  
Winston-Salem NC 27103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Womble Carlyle Sandridge Rice Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36834**

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James S. Parsons Jr.**

Mailing Address 2427 Fairway Drive

City State Zip Code  
Winston-Salem NC 27103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Womble Carlyle Sandridge Rice Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : SA11AI.36835**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Richard M. Patch**

Mailing Address 5500 Sherier Place NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASPCA VP, Federal Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11AI.36836**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

310.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Senator Louis M. Pate Jr.**

Mailing Address 102 Meredith Street

City Mount Olive      State NC      Zip Code 28365

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36837**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Walter Jerome Rapp Jr.**

Mailing Address PO Box1721

City Rutherfordton      State NC      Zip Code 28139

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested      Occupation Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.36857**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Julian White Rawl**

Mailing Address Post Office Box 8068

City Greenville      State NC      Zip Code 27835

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed      Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.36862**

Amount of Each Receipt this Period  
 1700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Julian W Rawl**

Mailing Address PO Box 8068

City Greenville State NC Zip Code 27835

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.36863**

Amount of Each Receipt this Period  
 2300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Elizabeth R. Rollins**

Mailing Address 18 Oyster Catcher Road

City Wilmington State NC Zip Code 28411

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36869**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Melvin W. Rollins**

Mailing Address 18 Oyster Catcher Road

City Wilmington State NC Zip Code 28411

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : SA11AI.36868**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Melvin W. Rollins**

Mailing Address 18 Oyster Catcher Road

City State Zip Code  
Wilmington NC 28411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA11AI.36871**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Nichole D. Rollins**

Mailing Address 304 Harlandale Drive

City State Zip Code  
Wilmington NC 28411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36872**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen O. Rossetti Jr.**

Mailing Address 5408 Duvall Drive

City State Zip Code  
Bethesda MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Logistics Association Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : SA11AI.36875**

Amount of Each Receipt this Period  
500.00  
Earmarked Through Democracy Engine Inc. PAC.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City State Zip Code  
WASHINGTON DC 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8593.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : SA11AI.36875.0**

Amount of Each Receipt this Period  
500.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Col. David B. Stevens USAF (Ret)**

Mailing Address 304 Francis Asbury Lane

City State Zip Code  
Greenville NC 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 25 / 2015

**Transaction ID : SA11AI.36892**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Mark A. Strickland**

Mailing Address PO Box 2150

City State Zip Code  
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Raymar Transportation, Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2015

**Transaction ID : SA11AI.36895**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. William Taft</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 23 / 2015	
Mailing Address 308 Granville Drive		<b>Transaction ID : SA11AI.36904</b>	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. Edward Carroll Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 1199 Thomas Sugg Road		<b>Transaction ID : SA11AI.36905</b>	
City Snow Hill	State NC	Zip Code 28580	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeff Thomas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2015	
Mailing Address 2808 Village Way		<b>Transaction ID : SA11AI.36906</b>	
City New Bern	State NC	Zip Code 28562	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Periodontist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	625.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Danette Tiller**

Mailing Address 2730 Tomlyn Drive

City Kinston State NC Zip Code 28504

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 03 / 2015**

**Transaction ID : SA11AI.36907**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Maj. Raymond J. Trybek**

Mailing Address 120 Hood Drive

City Goldsboro State NC Zip Code 27530

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : SA11AI.36910**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Frank B. Turberville Jr.**

Mailing Address PO Box 246

City Milton State NC Zip Code 27305

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 13 / 2015**

**Transaction ID : SA11AI.36914**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1050.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Frank B. Turberville Jr.**

Mailing Address PO Box 246

City Milton State NC Zip Code 27305

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.36913**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gary Turpanjian**

Mailing Address 580 Silver Spur Road

City Rancho Palos Verdes State CA Zip Code 90275

FEC ID number of contributing federal political committee. **C**

Name of Employer New Spark Holdings, Inc. Occupation Controller

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : SA11AI.36916**

Amount of Each Receipt this Period  
 2700.00

Earmarked Through Democracy Engine Inc. PAC.

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 11498.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015

**Transaction ID : SA11AI.36916.0**

Amount of Each Receipt this Period  
 2700.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. William Vogedes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015	
Mailing Address 104 Blount Street		<b>Transaction ID : SA11AI.36920</b>	
City Edenton	State NC	Zip Code 27932	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Vogedes Insurance Agency	Occupation Insurance Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Bert B. Warren</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 4008 Pinecrest Drive PO Box 168		<b>Transaction ID : SA11AI.36922</b>	
City Farmville	State NC	Zip Code 27828	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Dentist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Lee West</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2015	
Mailing Address 2603 Brookridge Circle		<b>Transaction ID : SA11AI.36931</b>	
City Greenville	State NC	Zip Code 27858	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 975.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 800.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Lee West**

Mailing Address 2603 Brookridge Circle

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1075.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA11AI.36932**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Lee West**

Mailing Address 2603 Brookridge Circle

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1175.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA11AI.36933**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Rom A. Whitaker**

Mailing Address PO Box 150

City Hatteras State NC Zip Code 27943

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Charter Boat Captain

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.36935**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Kelly Fodor Whitley**

Mailing Address 3591 Hillcrest Drive  
PO Box 445

City Farmville State NC Zip Code 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Medical Products Occupation Plant Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.36937**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Billy Williams**

Mailing Address 514 Chesapeake Place

City Greenville State NC Zip Code 27858

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36941**

Amount of Each Receipt this Period  
250.00

Earmarked Through Democracy Engine Inc. PAC.

**C.** Full Name (Last, First, Middle Initial)  
**DEMOCRACY ENGINE, INC., PAC**

Mailing Address 850 QUINCY STREET, NW #402

City WASHINGTON State DC Zip Code 20011

FEC ID number of contributing federal political committee. **C** C00468314

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13148.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.36941.0**

Amount of Each Receipt this Period  
250.00

Total Earmarked Through Conduit. PAC Limit Not Affected.  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 72
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Mr. T. Jerry Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2015	
Mailing Address 6900 Clear Sailing Lane		<b>Transaction ID : SA11AI.36939</b>	
City Raleigh	State NC	Zip Code 27615-5200	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed		Occupation Consultant	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Mr. Walter L. Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 23 / 2015	
Mailing Address 207 Crown Point Road		<b>Transaction ID : SA11AI.36940</b>	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Wilco Hess LLC		Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Mr. Walter L. Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2015	
Mailing Address 207 Crown Point Road		<b>Transaction ID : SA11AI.36942</b>	
City Greenville	State NC	Zip Code 27858	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Wilco Hess LLC		Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	65135.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)**

Mailing Address 4301 WILSON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : SA11C.36949**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)**

Mailing Address 4301 WILSON BOULEVARD

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C.36950**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Association for Justice PAC (AAJ PAC)**

Mailing Address 777 6th Street NW  
Suite 200

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : SA11C.36951**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA**

Mailing Address P O BOX 576

City State Zip Code  
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11C.36958**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION POLITICAL ACTION COMMITTEE-FEDERAL 'DUKEPAC'**

Mailing Address 422 SOUTH CHURCH STREET PBO5E

City State Zip Code  
CHARLOTTE NC 28242

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

**Transaction ID : SA11C.36959**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EAGLE FORUM**

Mailing Address P O BOX 618

City State Zip Code  
ALTON IL 62002

FEC ID number of contributing federal political committee. **C** C70002423

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11C.36960**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

**A.** Mailing Address 520 S GRAND AVE STE 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11C.36961**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**HEMOCARE AND HOSPICE PAC**

**B.** Mailing Address 513 C Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00431981

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : SA11C.36962**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

**C.** Mailing Address 1615 L Street NW Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 24 / 2015

**Transaction ID : SA11C.36964**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A. Mailing Address 1750 New York Avenue NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

Transaction ID : SA11C.36965

Amount of Each Receipt this Period  
 2500.00

B. Full Name (Last, First, Middle Initial)  
**JUSTIN AMASH FOR CONGRESS**

Mailing Address 1500 E BELTLINE AVE SE STE 250

City State Zip Code  
GRAND RAPIDS MI 49506

FEC ID number of contributing federal political committee. **C C00476291**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

Transaction ID : SA11C.37040

Amount of Each Receipt this Period  
 2000.00

C. Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

Transaction ID : SA11C.36966

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 29 / 2015

**Transaction ID : SA11C.36974**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 King Street Suite 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : SA11C.36967**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CHICKEN COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 1015 FIFTEENTH STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 20 / 2015

**Transaction ID : SA11C.36968**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL COTTON COUNCIL COMMITTEE FOR THE ADVANCEMENT OF COTTON**

Mailing Address **PO Box 2995**

City <b>Cordova</b>	State <b>TN</b>	Zip Code <b>38088</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		03		2015

**Transaction ID : SA11C.36957**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**NC Farm Bureau FARMPAC**

Mailing Address **PO Box 27766**

City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27611</b>
------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00216754**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2015

**Transaction ID : SA11C.36969**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**PETROLEUM MARKETERS ASSOCIATION OF AMERICAN\SMALL BUSINESS COMMITTEE**

Mailing Address **1901 North Fort Myer Drive  
Suite 500**

City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00035204**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		28		2015

**Transaction ID : SA11C.36970**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A. PHYSICAL THERAPY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1111 North Fairfax Street

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2015

**Transaction ID : SA11C.36972**

Amount of Each Receipt this Period

1000.00

**B. POARCH BAND OF CREEK INDIANS**

Full Name (Last, First, Middle Initial)  
Mailing Address 5811 Jack Springs Road

City	State	Zip Code
Atmore	AL	36502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11C.36971**

Amount of Each Receipt this Period

2000.00

**C. ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE FKA ALLISON ENGINE COMPANY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 WILSON BLVD SUITE 1450

City	State	Zip Code
ARLINGTON	VA	22209

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11C.36975**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 72
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**SPORTFISHINGPAC**

Mailing Address 1001 NORTH FAIRFAX ST  
SUITE 501

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00249532

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11C.36954**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC)**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11C.36979**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

29500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Acculink</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 1055 Greenville Boulevard SW PO Box 30080		Amount of Each Disbursement this Period 799.46 <b>Transaction ID : SB17.37117</b>
City Greenville	State NC	
Zip Code 27834	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 727.60 <b>Transaction ID : SB17.37050</b>
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement Campaign Car	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address PO Box 580048		Amount of Each Disbursement this Period 1455.20 <b>Transaction ID : SB17.37099</b>
City Charlotte	State NC	
Zip Code 28258	Purpose of Disbursement Campaign Car	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2982.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3110.00 <b>Transaction ID : SB17.37045</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative, Accounting, Event Logostics Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 259.80 <b>Transaction ID : SB17.37046</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.37073</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative and Accounting Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6369.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 850.33 <b>Transaction ID : SB17.37074</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 3489.00 <b>Transaction ID : SB17.37104</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Administrative, Accounting and Events Logistics Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Advisors, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address PO Box 638		Amount of Each Disbursement this Period 629.10 <b>Transaction ID : SB17.37105</b>
City Bethel	State NC	
Zip Code 27812	Purpose of Disbursement Mileage, Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4968.43
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 239.53 <b>Transaction ID : SB17.37067</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 521.57 <b>Transaction ID : SB17.37103</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Food/Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cornerstone Solutions and Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015
Mailing Address 6917 Vista Parkway North Suite 1		Amount of Each Disbursement this Period 83.00 <b>Transaction ID : SB17.37087</b>
City West Palm Beach	State FL Zip Code 33411	
Purpose of Disbursement Website Hosting Services	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	844.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Cornerstone Solutions and Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 6917 Vista Parkway North Suite 1		Amount of Each Disbursement this Period 83.00 <b>Transaction ID : SB17.37119</b>
City West Palm Beach	State FL Zip Code 33411	
Purpose of Disbursement Website Hosting Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRACY ENGINE, INC., PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 850 QUINCY STREET, NW #402		Amount of Each Disbursement this Period 668.47 <b>Transaction ID : SB17.37125</b>
City WASHINGTON	State DC Zip Code 20011	
Purpose of Disbursement Merchant Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Doug Henry Chevrolet</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 210 West Marlboro		Amount of Each Disbursement this Period 28.70 <b>Transaction ID : SB17.37100</b>
City Farmville	State NC Zip Code 27828	
Purpose of Disbursement Campaign Car Maintenance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	780.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 72		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Doug Henry Chevrolet</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 210 West Marlboro		Amount of Each Disbursement this Period 470.95 <b>Transaction ID : SB17.37118</b>
City Farmville	State NC	
Zip Code 27828	Purpose of Disbursement Campaign Car Maintenance	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Federal City Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 1119 12th Street NW		Amount of Each Disbursement this Period 3472.19 <b>Transaction ID : SB17.37112</b>
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Catering Services	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. FLB Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 1709 Evans Street		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : SB17.37069</b>
City Greenville	State NC	
Zip Code 27858	Purpose of Disbursement Campaign Office Rent	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	
	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4318.14
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FLB Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 1709 Evans Street		Amount of Each Disbursement this Period 475.00
City Greenville	State NC	
Zip Code 27858	Purpose of Disbursement Campaign Office Rent	Transaction ID : SB17.37108
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GoDaddy Operating Company, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 14455 N Hayden Road Suite 215		Amount of Each Disbursement this Period 296.64
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Online Services	Transaction ID : SB17.37107
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Parks Griffin</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 6205 Costins Court		Amount of Each Disbursement this Period 1211.55
City Wilmington	State NC	
Zip Code 28409	Purpose of Disbursement Site Fee, Food/Beverages, See Below -	Transaction ID : SB17.37083
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1983.19
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Cape Fear Country Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 1518 Country Club Rd		Amount of Each Disbursement this Period 1211.55
City wilmington	State NC	
Zip Code 28403	Purpose of Disbursement Site Fee, Food/Beverages	Transaction ID : SB17.37083.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	Transaction ID : SB17.37047
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 892.46
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Finance Consulting	Transaction ID : SB17.37048
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5892.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	<b>Transaction ID : SB17.37072</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Macon Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address PO Box 3962		Amount of Each Disbursement this Period 5000.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Management Consulting	<b>Transaction ID : SB17.37110</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. My Campaign Store LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 304 Whittington Parkway #201		Amount of Each Disbursement this Period 419.80
City Louisville	State KY	
Zip Code 40222	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.37113</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10419.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 72	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Ms Madison Shook</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015	
Mailing Address 1047 Ileagnes Road			Amount of Each Disbursement this Period 788.22	
City Raleigh	State NC	Zip Code 27603	Transaction ID : <b>SB17.37082</b>	
Purpose of Disbursement Lodging and Mileage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Sleep Inn Woodbridge</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015	
Mailing Address 14080 Shoppers Best Way			Amount of Each Disbursement this Period 106.77	
City Woodbridge	State VA	Zip Code 22192	Transaction ID : <b>SB17.37082.0</b> <b>[MEMO ITEM]</b>	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Sleep Inn Woodbridge</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015	
Mailing Address 14080 Shoppers Best Way			Amount of Each Disbursement this Period 201.68	
City Woodbridge	State VA	Zip Code 22192	Transaction ID : <b>SB17.37055</b>	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	989.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 366.85 <b>Transaction ID : SB17.37061</b>
City Greenville	State NC	Zip Code 27858	
Purpose of Disbursement Office Equipment: Computer, Software		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 46.47 <b>Transaction ID : SB17.37077</b>
City Greenville	State NC	Zip Code 27858	
Purpose of Disbursement Office Supplies		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 15.18 <b>Transaction ID : SB17.37088</b>
City Greenville	State NC	Zip Code 27858	
Purpose of Disbursement Office Supplies		Category/ Type	
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	428.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015		
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 336.23		
City Greenville	State NC	Zip Code 27858	Transaction ID : SB17.37092		
Purpose of Disbursement Office Equipment: Computer		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015		
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 18.70		
City Greenville	State NC	Zip Code 27858	Transaction ID : SB17.37096		
Purpose of Disbursement Filing Supplies		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>c. Staples, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015		
Mailing Address 600 Greenville Boulevard SE			Amount of Each Disbursement this Period 85.59		
City Greenville	State NC	Zip Code 27858	Transaction ID : SB17.37098		
Purpose of Disbursement Office Equipment: Printer		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	440.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 294.00
City Greenville	State NC Zip Code 27836	
Purpose of Disbursement Postage	Candidate Name	<b>Transaction ID : SB17.37054</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 5.88
City Greenville	State NC Zip Code 27836	
Purpose of Disbursement Mailing Supplies and Postage	Candidate Name	<b>Transaction ID : SB17.37058</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 9.00
City Greenville	State NC Zip Code 27836	
Purpose of Disbursement Postage	Candidate Name	<b>Transaction ID : SB17.37063</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	308.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 72			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 147.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Postage	Transaction ID : SB17.37111
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address University Station 10th Street		Amount of Each Disbursement this Period 49.00
City Greenville	State NC	
Zip Code 27836	Purpose of Disbursement Postage	Transaction ID : SB17.37115
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 96.70
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	Transaction ID : SB17.37068
Candidate Name	Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	292.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 72			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**WALTER JONES COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 27.54
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Office Equipment: Phone	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address PO Box 105378		Amount of Each Disbursement this Period 96.70
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Phone and Internet Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	124.24
<b>TOTAL</b> This Period (last page this line number only).....	41143.09